

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF		CANDIDATE	<input checked="" type="checkbox"/> COMMITTEE	<input type="checkbox"/> LOBBYIST
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <i>J. Michael Dowd</i>						
STREET ADDRESS <i>25 Chestnut Ridge Circle</i>						
CITY <i>EASTON</i>			STATE <i>PA</i>	ZIP CODE <i>18042</i>		
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION
1. 6TH TUESDAY PRE-PRIMARY		<i>County Council</i>		<i>2</i>	<i>REP</i>	MO. DAY YEAR <i>11 6 2007</i>
2. 2ND FRIDAY PRE-PRIMARY		DATES OF REPORTING PERIOD				
3. 30 DAY POST-PRIMARY		MO. DAY YEAR TO MO. DAY YEAR <i>6 4 07 TO 10 22 07</i>				
4. 6TH TUESDAY PRE-ELECTION		CASH BALANCE AT END OF REPORTING PERIOD: \$ <i>-0-</i>				
5. 2ND FRIDAY PRE-ELECTION <input checked="" type="checkbox"/>		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <i>-0-</i>				
6. 30 DAY POST-ELECTION		AMENDMENT REPORT? YES NO <i>K</i>				
7. ANNUAL REPORT		TERMINATION REPORT? YES NO <i>X</i>				

ENTERED

2007 OCT 26 A 11:18

NORTHAMPTON COUNTY
ELECTION OFFICE
EASTON, PA 18042

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates' Committee, the Treasurer must sign here.
 If statement is filed on behalf of a Candidate, the Candidate must sign here.
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS
26th DAY OF *October* 20*07*
Kathleen A. Janton
 SIGNATURE
 MY COMMISSION EXPIRES *July 11, 2011*
 MD. DAY YR.

J. Michael Dowd
 SIGNATURE OF PERSON SUBMITTING REPORT
 PRINTED NAME
610 *252-0019*
 AREA CODE DAYTIME TELEPHONE NUMBER

PART II -

If statement is filed on behalf of a Candidates Authorized Committee, Candidate must sign here.

NOTARIAL SEAL
KATHLEEN A. JANTON
 Notary Public
 EASTON CITY, NORTHAMPTON COUNTY
 My Commission Expires Jul 11, 2011

I SWEAR (OR AFFIRM) THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THIS POLITICAL COMMITTEE HAS NOT VIOLATED ANY PROVISIONS OF THE ACT OF

SWORN TO AND SUBSCRIBED BEFORE ME THIS
 DAY OF _____ 20____
 SIGNATURE
 MY COMMISSION EXPIRES _____
 MD. DAY YR.

SIGNATURE OF CANDIDATE
 PRINTED NAME
 AREA CODE DAYTIME TELEPHONE NUMBER

CAMPAIGN FINANCE REPORT

PAGE 1 OF

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(COVER PAGE)

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number:		Report Filed By:		CANDIDATE 1.		COMMITTEE 2. <input checked="" type="checkbox"/>		LOBBYIST 3.		
Name of Filing Committee, Candidate or Lobbyist: COMMITTEE TO ELECT Michael Dowd										
Street Address: 25 Chestnut Ridge Circle										
City: EASTON					State: PA		Zip Code: 18042			
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY 1.		2ND FRIDAY PRE-PRIMARY 2.		30 DAY POST-PRIMARY 3.		AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
	6TH TUESDAY PRE-ELECTION 4.		2ND FRIDAY PRE-ELECTION 5. <input checked="" type="checkbox"/>		30 DAY POST-ELECTION 6.		TERMINATION REPORT? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
	ANNUAL REPORT 7.		YEAR		FILING METHOD		PAPER <input checked="" type="checkbox"/> DISKETTE <input type="checkbox"/>			
Name of Office Sought by Candidate: County Council					DATE OF ELECTION MO. DAY YEAR 11 06 2007		District Number 2	Office Code 07A	Party Code REP	County Code 48
							(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO. DAY YEAR 6 4 2007		To MO. DAY YEAR 10 22 2007		FOR OFFICE USE ONLY				
A. Amount Brought Forward From Last Report		\$		76082		<div style="writing-mode: vertical-rl; transform: rotate(180deg);"> ENTERED OCT 26 A 11:18 NORTHAMPTON COUNTY ELECTION OFFICE EASTON, PA 18042 </div>				
B. Total Monetary Contributions and Receipts (From Schedule I)		\$		1770						
C. Total Funds Available (Sum of Lines A and B)		\$		253082						
D. Total Expenditures (From Schedule III)		\$		68260						
E. Ending Cash Balance (Subtract Line D from Line C)		\$		184822						
F. Value of In-Kind Contributions Received (From Schedule II)		\$		-0-						
G. Unpaid Debts and Obligations (From Schedule IV)		\$		-0-						

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules, on paper or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

26th day of October 2007Kathleen A. Janton
SignatureMy commission expires July 11, 2011
MO. DAY YR.Kathleen A. Dowd
Signature of Person Submitting ReportKATHLEEN A. DOWD
Printed Name610 252-0019
Area Code Daytime Telephone Number

PART II - If this is a report of a Candidate's Authorized Committee, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, No. 320) as amended.

Sworn to and subscribed before me this

26th day of October 2007Kathleen A. Janton
SignatureMy commission expires July 11, 2011
MO. DAY YR.J. Michael Dowd
Signature of CandidateJ. Michael Dowd
Printed Name610 252-0019
Area Code Daytime Telephone NumberNOTARIAL SEAL
KATHLEEN A. JANTON
Notary PublicDepartment of State • Bureau of Commissions, Elections and Legislation
EASTON CITY, NORTHAMPTON COUNTY
My Commission Expires Jul 11, 2011
Building • Harrisburg, PA 17120-0029 • (717) 787-5280

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate <i>COMMITTEE TO ELECT Michael Dowd</i>	Reporting Period From <i>6-4-2011</i> To <i>10-22-2011</i>
---	---

1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period	(1) \$ <i>20⁰⁰</i>

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$
All Other Contributions (Part B)	\$
TOTAL for the Reporting Period	(2) \$ <i>- 0 -</i>

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ <i>750⁰⁰</i>
All Other Contributions (Part D)	\$ <i>1000⁰⁰</i>
TOTAL for the Reporting Period	(3) \$ <i>1750⁰⁰</i>

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)	
TOTAL for the Reporting Period	(4) \$ <i>- 0 -</i>

TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)	\$ <i>1770⁰⁰</i>
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CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committee or Candidate				Reporting Period		
Committee To Elect Michael Dow 2				From 6-4-2007 To 10-22-2007		

				DATE			AMOUNT
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
State							\$
Zip Code (Plus 4)							\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
State							\$
Zip Code (Plus 4)							\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
State							\$
Zip Code (Plus 4)							\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
State							\$
Zip Code (Plus 4)							\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
State							\$
Zip Code (Plus 4)							\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
State							\$
Zip Code (Plus 4)							\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
State							\$
Zip Code (Plus 4)							\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
State							\$
Zip Code (Plus 4)							\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
State							\$
Zip Code (Plus 4)							\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
State							\$
Zip Code (Plus 4)							\$

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.				PAGE TOTAL		
				\$ - 0 -		

PART B
ALL OTHER CONTRIBUTIONS

PAGE 4 OF 12

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from
\$50.01 to \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Name of Filing Committee or Candidate <i>Committee To Elect Michael Dow J</i>	Reporting Period From <i>6-4-2001</i> To <i>10-22-01</i>
--	---

Full Name of Contributor			DATE			AMOUNT
	MO.	DAY	YEAR			
Mailing Address			MO.	DAY	YEAR	\$
City			MO.	DAY	YEAR	\$
State			MO.	DAY	YEAR	\$
Zip Code (Plus 4)			MO.	DAY	YEAR	\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City			MO.	DAY	YEAR	\$
State			MO.	DAY	YEAR	\$
Zip Code (Plus 4)			MO.	DAY	YEAR	\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City			MO.	DAY	YEAR	\$
State			MO.	DAY	YEAR	\$
Zip Code (Plus 4)			MO.	DAY	YEAR	\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City			MO.	DAY	YEAR	\$
State			MO.	DAY	YEAR	\$
Zip Code (Plus 4)			MO.	DAY	YEAR	\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City			MO.	DAY	YEAR	\$
State			MO.	DAY	YEAR	\$
Zip Code (Plus 4)			MO.	DAY	YEAR	\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City			MO.	DAY	YEAR	\$
State			MO.	DAY	YEAR	\$
Zip Code (Plus 4)			MO.	DAY	YEAR	\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City			MO.	DAY	YEAR	\$
State			MO.	DAY	YEAR	\$
Zip Code (Plus 4)			MO.	DAY	YEAR	\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City			MO.	DAY	YEAR	\$
State			MO.	DAY	YEAR	\$
Zip Code (Plus 4)			MO.	DAY	YEAR	\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City			MO.	DAY	YEAR	\$
State			MO.	DAY	YEAR	\$
Zip Code (Plus 4)			MO.	DAY	YEAR	\$
Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.						PAGE TOTAL \$ <i>10 -</i>

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

OVER \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value over \$250.00 in the reporting period.

Name of Filing Committee or Candidate <i>Committee to Elect Michael Dow 2</i>	Reporting Period From <i>6-4-2017</i> To <i>10-12-2017</i>
--	---

Full Name of Contributing Committee				DATE			AMOUNT
				MO.	DAY	YEAR	
<i>Lehigh Valley Association of Realtors Inc</i>				<i>10</i>	<i>22</i>	<i>2017</i>	\$ <i>750⁰⁰</i>
Mailing Address <i>South Commerce Way</i>				MO.	DAY	YEAR	\$
City <i>Bethlehem</i>	State <i>PA</i>	Zip Code (Plus 4) <i>18017 -</i>		MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL

\$ *750⁰⁰*

PART D
ALL OTHER CONTRIBUTIONS

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OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of
over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate <i>Committee to Elect Michael Dowd</i>	Reporting Period From <i>6-8-2017</i> To <i>10-22-2017</i>
---	---

Full Name of Contributor	DATE			AMOUNT
	MO	DAY	YEAR	
<i>L. Anderson Dowd</i>	<i>9</i>	<i>18</i>	<i>2017</i>	\$ <i>1,000.00</i>
Mailing Address	MO	DAY	YEAR	\$
City	MO	DAY	YEAR	\$
State	Zip Code (Plus 4)			\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

<i>Brown-Dowd Cherry - Values</i>	MO	DAY	YEAR	\$
Mailing Address	MO	DAY	YEAR	\$
City	MO	DAY	YEAR	\$
State	Zip Code (Plus 4)			\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

<i>RT 191 Norwalk CT 06864</i>	MO	DAY	YEAR	\$
Mailing Address	MO	DAY	YEAR	\$
City	MO	DAY	YEAR	\$
State	Zip Code (Plus 4)			\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

	MO	DAY	YEAR	\$
Mailing Address	MO	DAY	YEAR	\$
City	MO	DAY	YEAR	\$
State	Zip Code (Plus 4)			\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

	MO	DAY	YEAR	\$
Mailing Address	MO	DAY	YEAR	\$
City	MO	DAY	YEAR	\$
State	Zip Code (Plus 4)			\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$

PART E
OTHER RECEIPTS

PAGE 7 OF 12

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Name of Filing Committee or Candidate <i>Committee to Elect Michael Dwyer</i>	Reporting Period From <i>6-8-2007</i> To <i>10-22-2007</i>
--	---

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$
Receipt Description						

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 0

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVEDUSE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS
DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate <u>COMMITTEE TO ELECT MICHAEL DOWD</u>	Reporting Period From <u>6-8-2007</u> To <u>10-22-2007</u>
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period	(1) \$

2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)	
TOTAL for the Reporting Period	(2) \$

3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)	
TOTAL for the Reporting Period	(3) \$

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)	\$
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SCHEDULE II
PART F

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IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate

Committee to Elect Michael Dowd

Reporting Period

From 6-1-2007 To 10-12-2007

Full Name of Contributor

DATE

AMOUNT

Mailing Address

City

State

Zip Code (Plus 4)

Description of Contribution:

Full Name of Contributor

Mailing Address

City

State

Zip Code (Plus 4)

Description of Contribution:

Full Name of Contributor

Mailing Address

City

State

Zip Code (Plus 4)

Description of Contribution:

Full Name of Contributor

Mailing Address

City

State

Zip Code (Plus 4)

Description of Contribution:

Full Name of Contributor

Mailing Address

City

State

Zip Code (Plus 4)

Description of Contribution:

Full Name of Contributor

Mailing Address

City

State

Zip Code (Plus 4)

Description of Contribution:

Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.

PAGE TOTAL

\$ 100

SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00

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Name of Filing Committee or Candidate <u>COMMITTEE TO ELECT MICHAEL DWOR</u>	Reporting Period From <u>6-4-2007</u> To <u>10-22-2007</u>
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				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributor							\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor							\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor							\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor							\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

PAGE TOTAL
\$ <u>0</u>

SCHEDULE III
STATEMENT OF EXPENDITURES

PAGE 11 OF 12

Name of Filing Committee or Candidate <u>Committee to Elect Michael Dawid</u>	Reporting Period From <u>6-8-2007</u> To <u>10-12-2007</u>
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To Whom Paid <u>My Campaign Store</u>	MO. <u> </u> DAY <u> </u> YEAR <u> </u>	Amount <u>\$ 673.60</u>
Mailing Address <u>902 E Court St</u>	Description of Expenditure <u>Political Signs</u>	
City <u>Jeffersonville IN</u>	State <u>IN</u>	Zip Code (Plus 4) <u>47130-</u>

To Whom Paid <u>PNC</u>	MO. <u>9</u> DAY <u>30</u> YEAR <u>2007</u>	Amount <u>\$ 9-</u>
Mailing Address <u>N 3rd St</u>	Description of Expenditure <u>Bank Fee</u>	
City <u>Easton PA</u>	State <u>PA</u>	Zip Code (Plus 4) <u>18042</u>

To Whom Paid	MO. <u> </u> DAY <u> </u> YEAR <u> </u>	Amount <u>\$</u>
Mailing Address	Description of Expenditure	
City	State	Zip Code (Plus 4)

To Whom Paid	MO. <u> </u> DAY <u> </u> YEAR <u> </u>	Amount <u>\$</u>
Mailing Address	Description of Expenditure	
City	State	Zip Code (Plus 4)

To Whom Paid	MO. <u> </u> DAY <u> </u> YEAR <u> </u>	Amount <u>\$</u>
Mailing Address	Description of Expenditure	
City	State	Zip Code (Plus 4)

To Whom Paid	MO. <u> </u> DAY <u> </u> YEAR <u> </u>	Amount <u>\$</u>
Mailing Address	Description of Expenditure	
City	State	Zip Code (Plus 4)

To Whom Paid	MO. <u> </u> DAY <u> </u> YEAR <u> </u>	Amount <u>\$</u>
Mailing Address	Description of Expenditure	
City	State	Zip Code (Plus 4)

To Whom Paid	MO. <u> </u> DAY <u> </u> YEAR <u> </u>	Amount <u>\$</u>
Mailing Address	Description of Expenditure	
City	State	Zip Code (Plus 4)

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL <u>\$ 682.60</u>

SCHEDULE IV STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Name of Filing Committee or Candidate <u>COMMITTEE TO ELEC Michael Dodd</u>	Reporting Period From <u>6-4-2007</u> To <u>10-22-2007</u>
--	---

Name of Creditor					Outstanding Balance of Debt \$	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	
City			State		Zip Code (Plus 4)	
Description of Debt						

Name of Creditor					Outstanding Balance of Debt \$	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	
City			State		Zip Code (Plus 4)	
Description of Debt						

Name of Creditor					Outstanding Balance of Debt \$	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	
City			State		Zip Code (Plus 4)	
Description of Debt						

Name of Creditor					Outstanding Balance of Debt \$	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	
City			State		Zip Code (Plus 4)	
Description of Debt						

Name of Creditor					Outstanding Balance of Debt \$	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	
City			State		Zip Code (Plus 4)	
Description of Debt						

Name of Creditor					Outstanding Balance of Debt \$	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	
City			State		Zip Code (Plus 4)	
Description of Debt						

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.

PAGE TOTAL

\$ 0